



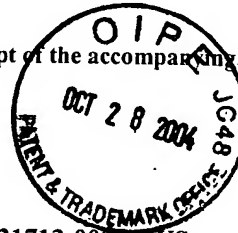
Application Number	10/756,936
Filing Date	January 13, 2004
First Named Inventor	Shaoher X. Pan et al.
Title:	REFLECTIVE SPATIAL LIGHT MODULATOR

No fee

Certificate of Mailing: [X] First Class

Kindly stamp receipt date and mail to acknowledge receipt of the accompanying:

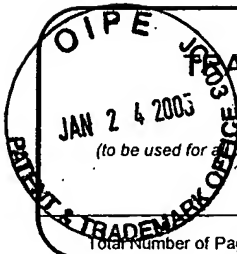
- 1) Transmittal Form (1 p);
- 2) Preliminary Amendment (7 pp), and
- 3) Return Receipt Postcard.



Date Mailed: OCTOBER 25, 2004

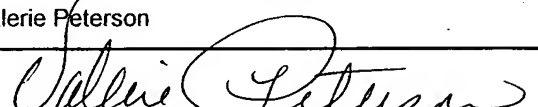
Atty/Secy RTO:vp File No.: 021713-002211US

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	TRANSMITTAL FORM	
	Application Number	10/756,936
	Filing Date	January 13, 2004
	First Named Inventor	Pan, Shaoher X. et al.
	Art Unit	2872
	Examiner Name	Not assigned
Total Number of Pages in This Submission	Attorney Docket Number	021713-002211US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. Enclosed is a Preliminary Amendment for the above-identified matter. Applicants respectfully request that this amendment be made part of the record.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Townsend and Townsend and Crew LLP Richard T. Ogawa
Signature	Reg. No. 37,692
Date	OCTOBER 25, 2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Valerie Peterson
Signature	
Date	OCTOBER 15, 2004